

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

EARL INGELS
 362-813
 W.C.I.
 P.O. BOX 120
 LEBANON, OH 45036

A. Signature	07 MAR 2007 PM 1 X James Ellnerle	<input checked="" type="checkbox"/> Agent	<input type="checkbox"/> Addressee
B. Received by (Printed Name)	JAMES NELNERLE	C. Date of Delivery	
		3/8/07	
D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No			

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7001 2510 0008 6349 7379

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540